

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	5
Original	22
1	✓
2	1
3	1
4	1
5	✓
6	0
7	1 ✓
8	✓
9	0
10	✓
11	✓
12	1
13	1
14	1
15	✓
16	0
17	✓
18	1
19	✓
20	1
21	0 ✓
22	1
23	1
24	1
25	1
26	1
27	✓
28	1
29	1
30	1
31	1
32	1
33	1
34	1
35	1
36	1
37	1
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39	1
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42	1
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50	1

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy